



**COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR**

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90012



**BUSINESS LICENSE APPLICATION REFERRAL
SUMMARY SHEET**

KIND OF BUSINESS: **MASSAGE PARLOR-GENERAL**

ADDRESS OF BUSINESS: **25832 THE OLD ROAD, STEVENSON RANCH, CA 91381**

TELEPHONE: **(661) 254-8300**

OWNER OF BUSINESS: **HE LI**

CAL. DR. LIC.# **[REDACTED]**

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: **SUNSHINE FOOT MASSAGE**

MAILING ADDRESS: **25832 THE OLD ROAD, STEVENSON RANCH, CA 91381**

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: **NEW LICENSE**

	<u>APPROVED</u>	<u>DATE</u>	<u>SIGNATURE</u>
<input type="checkbox"/> 1. Animal Care & Control			
<input type="checkbox"/> 2. Risk Management			
<input checked="" type="checkbox"/> 3. Building & Safety	YES	02/22/16	tchen
<input checked="" type="checkbox"/> 4. Fire Department	YES	09/15/15	tchen
<input checked="" type="checkbox"/> 5. Public Health	YES	03/14/16	nlove
<input type="checkbox"/> 6. Treasurer & Tax Collector			
<input checked="" type="checkbox"/> 7. Business License Commission			
<input checked="" type="checkbox"/> 8. Sheriff Department	YES	10/20/15	tchen
<input checked="" type="checkbox"/> 9. Regional Planning Commission	YES	08/07/15	tchen
<input type="checkbox"/> 10. Weights and Measures			
<input checked="" type="checkbox"/> 11. Publishing	YES	03/24/16	tchen
<input type="checkbox"/> 12. Public Works - EPD			
<input checked="" type="checkbox"/> 13. Sheriff Fingerprint	YES	10/20/15	tchen
<input type="checkbox"/> 14. Emergency Medical Services			

Conditions:



Los Angeles County Treasurer and Tax Collector
Application for Business License



Please note: Business License fees are NOT refundable

Fee: \$ _____

ID # 142586

BUSINESS INFORMATION

Type of Business: <u>Massage Parlor</u>	Address of Business: <u>25832 The Old Rd, Stevenson Ranch CA 91381</u>	
	Business Telephone: <u>661-254-8300</u>	
DBA (Business Name): <u>Sunshine Foot Massage</u>	Mailing Address: <u>25832 The Old Rd, Stevenson Ranch CA 91381</u>	
Sellers Permit # (State Board of Equalization):		
Business Ownership Structure: Single Owner <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> If LLC or Corporation, the information below is required:		
Date of Incorporation:	Incorporated in the State of:	
Exact Corporate Name:		
Names of Officers	Addresses	Titles

APPLICANT INFORMATION

Applicant's Full Name: <u>HE LI</u>		
Home Address: [REDACTED]		
Home Telephone: [REDACTED]	Cell Phone: [REDACTED]	Email address: <u>XUTWEI@sbeglobal.net</u>
Social Security #: [REDACTED]	Date of Birth: [REDACTED]	Place of Birth: [REDACTED]
Driver's License or State ID#: [REDACTED]		Expiration Date: [REDACTED]
Male <input type="checkbox"/> Female <input checked="" type="checkbox"/>	Height: [REDACTED]	Weight: [REDACTED]
Hair Color: [REDACTED]	Eye Color: [REDACTED]	

The information contained herein is true and correct to the best of my knowledge and belief. As a condition of the issuance of the Business License applied for, I agree to submit any additional information that may be required, to conduct all phases of this Business License in accordance with regulations established for such business and to maintain all trucks and/or equipment that may be used in connection therewith in conformance with all applicable laws, ordinances and regulations.

Date: 8/6/15 Applicant's Signature: [Signature]

Application taken by: [Signature] Date: 8/6/15

* If you suspect fraud or wrongdoing by a County of Los Angeles employee, report it to the fraud hotline at 1(800) 544-6861



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**BUSINESS LICENSE
APPLICATION REFERRAL**

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TELEPHONE: (661) 254-8300

OWNER OF BUSINESS: HE LI

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BUILDING & SAFETY

LA COUNTY

☒ APPROVAL

☐ DENIAL

RECOMMENDATION: _____

SIGNATURE: _____

[Handwritten Signature]

DATE: _____

1-28-16

09/08/2015 TUE 11:31 FAX 5613861134 Linda Trejo

0004/004

09/21/2015 FRI 11:17 FAX 5613861134

0003/004

8232697343

08:49:05 a.m.

09-21-2015

15/22

**COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR**

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90054-0970

124

**BUSINESS LICENSE
APPLICATION REFERRAL**

KIND OF BUSINESS: MASSAGE PARLOR-GENERAL

ADDRESS OF BUSINESS: 25832 THE OLD ROAD, STEVENSON RANCH, CA 91381

TELEPHONE: (661) 254-8300

OWNER OF BUSINESS: HE LI

CAL. DR. LIC.#

NAME OF PERSON FINGERPRINTED:

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THIS IS AN APPLICATION FOR NEW LICENSE

**FIRE DEPARTMENT
LA COUNTY**

☒ APPROVAL

☐ DENIAL

RECOMMENDATION: _____

SIGNATURE: _____

DATE: _____

9-7-15

BASIC LICENSE NO. 5910

DATE 08/07/15

IDENTIFICATION NUMBER 142586



**COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR**

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90054-0970



**BUSINESS LICENSE
APPLICATION REFERRAL**

KIND OF BUSINESS: MASSAGE PARLOR-GENERAL

ADDRESS OF BUSINESS: 25832 THE OLD ROAD, STEVENSON RANCH, CA 91381

TELEPHONE: (661) 254-8300

OWNER OF BUSINESS: HE LI

CAL. DR. LIC# [REDACTED]

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: SUNSHINE FOOT MASSAGE

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DATE THAT YOU STARTED BUSINESS:

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THIS IS AN APPLICATION FOR: NEW LICENSE

PUBLIC HEALTH

LA COUNTY

☒ APPROVAL

☐ DENIAL

RECOMMENDATION: _____

SIGNATURE: _____

DATE: _____

3/10/2016

BASIC LICENSE NO. 5910

DATE 01/20/16

IDENTIFICATION NUMBER 142586

COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR
BUSINESS LICENSE SECTION
REVENUE & ENFORCEMENT DIVISION

TO: DEPARTMENT OF REGIONAL PLANNING
320 W. TEMPLE STREET, 13TH FLOOR, ROOM 1360
LOS ANGELES, CALIFORNIA 90012

FROM: BUSINESS LICENSE SECTION
225 NORTH HILL STREET ROOM 109
LOS ANGELES, CALIFORNIA 90012

DEPARTMENT OF REGIONAL PLANNING FEE: ~~365.00~~
\$365.00

TELEPHONE: (213) 974-2011
FAX: (213) 633-5427

DATE: June 25, 2015

ID#: _____

TYPE OF BUSINESS AND CODE: Massage Parlor

BUSINESS ADDRESS: 25832 The Old Road

CITY: Stevenson Ranch, CA 91381 APN#: _____

NAME OF OWNER: He Li PHON: _____

D.B.A./NAME OF BUSINESS: Sunshine Foot Massage CELL PHON: _____

MAILING ADDRESS: 25832 The Old Road, Stevenson Ranch, CA 91381

E-mail ADDRESS: _____

To be completed by Regional Planning

RBUS 201500332

EXISTING USE: New () Renewal ()

PROJECT # 2015-01913

CELL PHONE #: _____

USE PERMITTED IN ZONE Yes - C-3 USE NOT PERMITTED IN ZONE: _____

APPROVED Yes DENIED: _____

REMARKS: Use does not require CUP until
January 1, 2020. Amortized use established
on 1/18/2012 w/ LA County Certificate of
Occupancy. Use consistent in Zone

DEPARTMENT OF REGIONAL PLANNING
320 W. TEMPLE STREET, ROOM 1360
HALL OF RECORDS
LOS ANGELES, CALIFORNIA 90012

SIGNATURE: [Signature] DATE: 7-29-2015

V

15-00939

**COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR**

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90054-0970

**BUSINESS LICENSE
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TELEPHONE: **(661) 254-8300**

OWNER OF BUSINESS: **HE LI**

CAL. DR. LIC.# **[REDACTED]**

2/5/65

Mollen, Yan Jiang

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: **SUNSHINE FOOT MASSAGE**

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SHERIFF FINGERPRINT

LA COUNTY

☒ **APPROVAL**

☐ **DENIAL**

RECOMMENDATION: _____

Approved

SIGNATURE: _____

Wp 53647

DATE: **10/19/15**